

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10732381

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		2				
3						
4	1					
5		1				
6	1					
7		1				
8	1					
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50						
TOTAL IND.	11					
TOTAL DEP.	5					
TOTAL CLAIMS	16					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						